U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 50/64	2. Fiscal Year Covered From:			
•	1./1/2005 Through: 12/31/2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Joseph C Gordon	Name Transport Workers Union			
	Labor Organization File Number 111-218- 000 - 418			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2115 St. Andrews	Street 1700 Broadway, Second Floor			
City Highland Village	City New York			
State Texas ZIP Code + 4 75077	State New York ZIP Code + 4 10019			
5. Position in labor organization. International Representative				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name American Airlines, Inc.	A5 pass for air travel. See Attached. Part 7a and 7b			
	Part /a and /b			
Trade Name, if any:	Part /a and /b			
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
P.O. Box, Bldg., Room No., if any				
P.O. Box, Bldg., Room No., if any Street 4333 Amon Carter Blvd				
P.O. Box, Bldg., Room No., if any Street 4333 Amon Carter Blvd City Fort Worth State Texas ZIP Code + 4 76155				
P.O. Box, Bldg., Room No., if any Street 4333 Amon Carter Blvd City Fort Worth State Texas ZIP Code + 4 76155 Signature and verification. The undersigned declares, under penalty of	7.b. Amount. 7.b. Amount.			
P.O. Box, Bldg., Room No., if any Street 4333 Amon Carter Blvd City Fort Worth State Texas ZIP Code + 4 76155 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.b. Amount. 7.b. Amount.			

Name of Person Filing Joseph Gordon		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: X a. Labor Organiza b. Trust c. Employer 11.a. Nature of such deal	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.				
State ZIP Code + 4	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.				
P.O. Box, Bldg., Room No., if any Street					
City ZIP Code + 4	14.b. Amount of payment.				
13.b. Is the Business an Employer or Consultant ?					

5,





Air Transport Division



RE:

LM30 Attachment - Section 7a and 7b

LABOR:

000-218

From:

Joseph C. Gordon - International Representative

Date:

January 13, 2006

A5 Pass Holders

Transport Workers Union

1791 Hurstview Dr Hurst., TX 76054

Office: 817-282-2544 Fax: 817-282-1906 Email: info@twuatd.org

Answer to Question 7A - Asking for the Nature of the Interest, Transaction, or Income

An A5 pass for airline travel, which permits me to fly for free on American Airlines for business purposes and allows myself and my wife to fly at the reduced employee rate on a space available basis on the airline for personal purposes, which is the same benefit that the airline provides to its other employees and their families.

Answer to Question 7B - Requesting the Amount of the Interest, Transaction or Income

I used the A5 pass for business travel approximately 3 or 4 times a month during 2005. As I would have been eligible to travel on those flights at reduced rates as an American employee provided there was space available, and airline ticket prices were highly variable over the course of 2005, the approximate value of these flights to me is not reasonably determinable at this juncture.

South on 1-17-06

Signed

Joseph C. Gordon